# ?

Moises Denis

ASSembly Office (if applicable)

District (if applicable)

# Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

| CONTRIBUTOR'S NAME AND ADDRESS | DATE OF EACH CONTRIBUTION | AMOUNT OF EACH CONTRIBUTION | CHECK HERE<br>IF LOAN |
|--------------------------------|---------------------------|-----------------------------|-----------------------|
|                                |                           |                             |                       |
|                                |                           |                             |                       |
|                                |                           |                             |                       |
|                                |                           |                             | ,                     |
|                                |                           |                             |                       |
|                                |                           |                             |                       |
|                                | On                        |                             |                       |
|                                |                           |                             |                       |
|                                |                           |                             |                       |
|                                |                           |                             |                       |
|                                |                           |                             |                       |
|                                |                           |                             |                       |
|                                |                           |                             |                       |

This page may be copied or duplicated if additional space is needed.

PAGE 2 OF 9

+3

Moises Denis

ASSEMBLY Office (if applicable) District (if applicable)

### Contributions of \$100 or Less

| DATE                    | AMOUNT<br>OF EACH |
|-------------------------|-------------------|
| OF EACH<br>CONTRIBUTION | CONTRIBUTION      |
|                         |                   |
|                         |                   |
|                         |                   |
|                         |                   |
|                         |                   |
|                         |                   |
|                         |                   |
|                         | 1                 |
|                         | 0,                |
|                         | 6                 |
|                         |                   |
|                         |                   |
|                         |                   |
|                         |                   |
|                         |                   |
|                         | 1                 |
|                         |                   |
|                         |                   |
|                         |                   |
|                         |                   |
|                         |                   |
|                         |                   |
|                         |                   |

| DATE<br>OF EACH | AMOUNT<br>OF EACH |
|-----------------|-------------------|
| CONTRIBUTION    | CONTRIBUTION      |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 | <u> </u>          |
| 10              | <u> </u>          |
| \               |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 |                   |
|                 | 1                 |
|                 |                   |
|                 |                   |

This page may be copied or duplicated if additional space is needed.

Revised: Apr-02

|        | THE RESERVE OF THE PARTY OF THE |   |
|--------|--|---|
|        |  |   |
| 3.0.00 | AIGN EX  |   |
|        | THE PARTY OF THE PARTY.  | & P   P   X   X   Y   P   X   X   X   X   X   X   X   X   X |
|        |  |   |

Report Period

#3

| -    | Moises  | DENIS |
|------|---------|-------|
| Name | (print) |       |

|   | A   | 5  | 3 | em   | ) | h | 1 |
|---|-----|----|---|------|---|---|---|
| Ċ | ffi | ce |   | appl |   |   | ) |

District (if applicable)

### **Expenses in Excess of \$100**

| NAME AND ADDRESS OF<br>PERSON, GROUP OR<br>ORGANIZATION WHO RECEIVED<br>THE PAYMENT FOR THE<br>EXPENSE(S) | CATEGORY<br>(See Previous Page):<br>NRS 294A 365 | DATE OF EACH,<br>EXPENSE | AMOUNT OF<br>EACH EXPENSE |
|---|--|--------------------------|---------------------------|
| Moiser Denis<br>3204 Osage Ave Las Vegas, NV 89101  | Repayment of Loan                                | 10/26/02                 | 8,626.85                  |
|   |  |                          |                           |
|   |  |                          |                           |
|   |  |                          |                           |
|   |  |                          |                           |
|   |  |                          |                           |
|   |  |                          |                           |

This page may be copied or duplicated if additional space is needed.

PAGE 4 OF 9

| Moises       | Denis |
|--------------|-------|
| Name (print) |       |

| A    | SSE    | M.   | b   | V    |
|------|--------|------|-----|------|
| Öffi | ce (if | appl | iça | b(e) |

District (if applicable)

## Expenses of \$100 or Less

| DATE<br>OF EACH:<br>EXPENSE | AMOUNT<br>OF EACH<br>EXPENSE | CATEGORY | DATE<br>OF EACH<br>EXPENSE: |
|-----------------------------|------------------------------|----------|-----------------------------|
|                             |                              |          |                             |
|                             |                              |          | <u> </u>                    |
|                             |                              |          |                             |
|                             |                              |          |                             |
|                             | 6                            |          |                             |
|                             | P                            |          | <u>.</u>                    |
|                             |                              |          |                             |
|                             | \                            |          |                             |
|                             |                              |          |                             |
|                             |                              |          |                             |
|                             |                              |          |                             |
|                             |                              | ,        |                             |
|                             |                              |          |                             |

| DATE.<br>OF EACH | AMOUNT<br>OF EACH | CATEGORY     |
|------------------|-------------------|--------------|
| EXPENSE          | EXPENSE           | an extension |
|                  |                   |              |
|                  |                   |              |
| 1                |                   |              |
|                  |                   |              |
|                  |                   |              |
|                  | 1                 |              |
|                  |                   |              |
|                  |                   |              |
| ··               |                   |              |
|                  |                   |              |
|                  | \<br>             |              |
|                  |                   |              |
|                  |                   |              |
|                  | \                 |              |
|                  |                   |              |
|                  |                   |              |
|                  |                   |              |
| ·                |                   |              |
|                  |                   |              |

This page may be copied or duplicated if additional space is needed.

page 5 of 9

| HIND CAMPAIGN CONTRIBUTIONS |                        | Report Périod #3         |
|-----------------------------|------------------------|--------------------------|
| Makes Denis                 | Assembly               | 28                       |
| Name (print)                | Office (if applicable) | District (if applicable) |

### **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

| CONTRIBUTOR'S NAME AND ADDRESS | DATE OF EACH<br>IN KIND<br>CONTRIBUTION | DESCRIPTION OF  EACH IN KIND  CONTRIBUTION | VALUE OR COST<br>OF EACH<br>IN KIND'S<br>CONTRIBUTION | CHECK<br>HERE<br>IF<br>LOAN |
|--------------------------------|---|--|---|-----------------------------|
|                                |   |  |   |                             |
|                                |   |  |   |                             |
|                                | 1                                       | /  |   |                             |
|                                |   | On a second                                |   |                             |
|                                |   |  | ·   |                             |
|                                |   |  |   |                             |
|                                |   |  |   |                             |
|                                |   |  |   |                             |
|                                |   |  |   |                             |
|                                |   |  |   |                             |

| This | page | may | be c | opied | or dup | olicated | if a | dditional | space | is needed | ١. |
|------|------|-----|------|-------|--------|----------|------|-----------|-------|-----------|----|
|      |      |     |      |       |        |          |      |           |       |           |    |

| IN KIND CAMPAIGN | 144 (1964)                      | Report Period # 2           |
|------------------|---------------------------------|-----------------------------|
| Moises Denis     | ASSembly Office (if applicable) | 28 District (if applicable) |
| Name (print)     | Office (if applicable)          | ,                           |

### **IN KIND**

## Contributions of \$100 or Less

| DATE OF EACH IN KIND CONTRIBUTION | DESCRIPTION OF IN KIND CONTRIBUTION | VALUE OR COST OF EACH IN KIND CONTRIBUTION |
|-----------------------------------|-------------------------------------|--|
|                                   |                                     |  |
|                                   |                                     |  |
|                                   | A,                                  |  |
|                                   |                                     |  |
|                                   |                                     |  |
|                                   |                                     |  |
|                                   |                                     |  |
|                                   |                                     |  |
|                                   |                                     |  |
| ·                                 | be copied or duplicated if addition | al anges is peeded                         |

This page may be copied or duplicated if additional space is needed.

| IN KIND CAMPAIGN |          | Report Per |
|------------------|----------|------------|
| Maior Dovic      | Accombly | 1,8        |

Name (print)

ASSM bly
Office (if applicable)

District (if applicable)

#### **IN KIND**

### **Expenses in Excess of \$100**

| NAME AND ADDRESS OF<br>PERSON, GROUP OR<br>ORGANIZATION WHO RECEIVED<br>THE IN KIND GOOD(S) OR<br>SERVICE(S) | DESCRIPTION<br>OF EACH<br>IN KIND<br>EXPENSE | VALUE OR COST<br>OF EACH<br>IN KIND<br>EXPENSE |
|--|--|--|
|  |  |  |
|  | A  |  |
|  | On   |  |
|  | AC.  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

This page may be copied or duplicated if additional space is needed.

PAGE S OF

| M KIND CAMPAIGN |                        | Report Period. # 3       |
|-----------------|------------------------|--------------------------|
| Maisec Denic    | Assembly               | 28                       |
| Name (print)    | Office (if applicable) | District (if applicable) |

#### **IN KIND**

## Expenses of \$100 or Less

| DATE<br>OF EACHISE<br>IN KIND<br>EXPENSE | VALUE OR COST OF EACH IN KIND EXPENSE | DESCRIPTION OF EACH IN KIND EXPENSE |
|--|---------------------------------------|-------------------------------------|
|  |                                       |                                     |
|  | <i>( A 1</i>                          |                                     |
|  |                                       | ·                                   |
|  |                                       |                                     |
|  |                                       |                                     |
|  |                                       |                                     |
|  |                                       |                                     |
|  |                                       |                                     |

This page may be copied or duplicated if additional space is needed.

Revised: Apr-02

Prescribed by Secretary of State NRS 294A.120, 294A.140, 294A.150 294A.200, 294A.210, 294A.220, 294A.362

PAGE OF